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ABSTRACT

Just as infants and the elderly have special health care needs based on their stages in the life cycle, adolescents also have particular health needs. While some of those needs are simply a result of the bodily changes that define adolescence, others are true medical conditions which are most commonly found in this age group. Among achievements made during the adolescent period are: new and more mature relationships with peers; sexual identity and role; acceptance of individual physique; emotional independence; preparation for family and community life; preparation for the world of work; individual ethical and moral behavior guidelines; and development of intellectual skills. Medical conditions prevalent during this period include: infections, postural problems, dental disorders, eating disorders, mental depression, and substance abuse. Adolescent health promotion has begun to receive greater attention in schools, hospitals, and private practice, and professionals are working toward both health promotion and prevention of health problems with programs geared specifically for the adolescent. (CB)

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Health Concerns Associated with Adolescent Growth and Development

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Health Concerns Associated with Adolescent
Growth and Development

Adolescence Defined

Chronologically speaking, adolescence has been defined as the period between 12 and 20 years of age[1], 10 and 19 years of age[2], and 15 and 19 years of age[3]. Biologically speaking, these age ranges are even more varied due to differences between the sexes as well as individual differences in glandular changes and visible body changes. Progression of psychosocial development is also determined by individual differences. Similarly, emotional and intellectual maturity may occur early in the teenage years; yet, it may not occur until many years later. "Clearly it is difficult to offer a simple definition of adolescence, for it is a period of rapid growth and radical physiological, emotional, and intellectual changes. It is the transitional period between childhood and adulthood - the time of the definitive development of the individual."[4]

Further distinctions within the adolescent period are identified in three subgroups:[5] early adolescence (12-15 years) when emotional investment shifts from family to peers, and beginning efforts toward independence are noticeable; mid-adolescence (15-17 years) when heterosexual relationships become very important; and late adolescence (17-21 years) when the person is well underway toward integrating him-/herself into adult society, and focus is now centered on career goals. In passing through each sub-stage of adolescence, one seeks to achieve tasks as described by Havighurst's model of adolescent development: 1) achieving new and more mature relationships with agemates, male and female; 2) achieving a sense of sexual identity and role; 3) accepting own physique, its implications, and using the body in effective or competent ways; 4) achieving emotional independence of parents and other adults, achieving

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independence from peer pressure, achieving a sense of interdependence and community; 5) preparing for family and community life; 6) preparing for the world of work; 7) developing a set of ethical guidelines and principles regarding behavior toward self and society; 8) developing intellectual skills and concepts necessary to function in and contribute to society.[6] Ease in transition through the adolescent period into adulthood will depend on the extent to which these tasks are achieved. The stereotypical interpretation of adolescence as being a period of storm, stress, depression, and constant anxiety will hold true if barriers retard or prevent task achievement.

Health Profile of the Adolescent

To many, youth is synonymous with health and vigor. In light of the commonly held belief that teenagers are the epitome of untarnished strength and immunity, health concerns and problems specific to this age group are unknown to those outside the age group. Adolescents suffer physically and emotionally as a result of the personal changes they are going through. Additionally, the stresses of rapid growth and development of their immediate environment, and the societal pressures therein contribute significantly to their health problems. Finally, the sensitivity exhibited by the typical adolescent during his/her somewhat fragile period of identity formation seems to exaggerate minor problems into major ones.

For the most part, adolescence is a healthy period of life. Yet even the healthiest adolescents suffer minor discomforts, also known as 'growing pains'. Of primary concern is personal hygiene, cleanliness, and appearance. Acne and other skin disorders are not major medical problems, but they are a source of anxiety to any teenager. Menstruation is the biological rite of passage for girls, and although this natural process is one of growth and not illness, related physical and emotional problems are common. Individual differences

in height and weight among peers can have traumatic effects for the short or overweight persons who have not yet experienced their growth spurts. In general, sound identity formation will depend on varying abilities to adapt to and accept individual growth changes.

Health Problems of Adolescents

Health problems of adolescents range in severity from minor to fatal, as with any age group. Infections are common, such as mononucleosis, mumps, sexually transmitted diseases, yeast infections, hepatitis, and tuberculosis. While most of these are not fatal, they can all produce serious conditions.

Postural problems are very common in this age group, particularly in those whose bones have grown so rapidly that the muscles have not yet had time to catch up and offer sufficient support to the skeleton. Knee pain is quite often reported, usually in the form of athletic injury. Again, lack of adequate muscular development contributes to an increased risk of bone problems.

The adolescent's dental health status will depend on the quality and quantity of preventive measures which are followed. Perhaps the most popular form of dental prevention during this stage is that of orthodontics. Dental problems common in this age group include pain associated with 12-year and 18-year molar growth and tooth decay. Dental caries still remains a problem in spite of increased flouride use: "the average child aged 5-17 still experiences 4.8 decayed, missing or filled tooth surfaces."[7]

Chronic disease and disabilities may cause not only physical stress but emotional stress, particularly for the adolescent who had no known problems during childhood. In addition to having to accept the fact that he is not like his friends, he must alter his activity because of the limits the condition may pose. Accomodations may include changes in diet (diabetic), restriction in physical activity (heart condition or other physical disability), use of

medication (epilepsy, allergies), or other self-help skills (asthma).

Other health problems which are prevalent in adolescence include substance use and abuse (primarily alcohol, cocaine, and tobacco); pregnancy, which is often unplanned; eating disorders such as anorexia nervosa and bulemia; psychological and social difficulties; problems in family health history; and mental depression or fear of possible future events (victimization, unemployment, nucleur war).[8,9,10]

The leading causes of death in this age group deserve special attention: accidents, homicide, and suicide.

Accidents[11] - The principal causes of disability and death from injury are those associated with motor vehicles, falls, drownings, burns, poisoning, and gunshot wounds. Unintentional injuries are the leading cause of death for people between 1 and 38 years of age, and a leading cause of disability. Nearly 11,000 children under 15 years of age died from accidental injuries in 1978; 52% of those deaths were motor vehicle accidents. Gunshot wounds are second only to motor vehicle accidents in causing death from traumatic injury.

Homicide and Suicide - In 1977, there were 31,000 deaths from gunshot wounds. Approximately 2000 of these were accidents; 12,900 were homicides; 16,000 were suicides.[12] Among early, middle, and late adolescents, suicide and homicide rates increased with age and have doubled from 1961 to 1975.[13] Since 1970, suicide has gone from the fifth leading cause of death among people age 15 to 24 to the second leading cause, accounting for approximately 500 deaths a year and trailing only automobile and other accidents.[14]

Health Care for the Adolescent

> Although the grade school child usually gets periodic health checks because the school requests them or provides them or the parent has been conditioned to them, the adolescent's health gets much less supervision after, for instance, his sixth grade immunization boosters. Except for camp or working paper physicals for

some adolescents, medical care tends to be "crisis-oriented."[15] Consistent with the stereotype of the perfectly healthy adolescent is the lack of adequate attention given them by health care providers. Why is this attitude so prevalent in a society where youth is so cherished and envied? There are several reasons. As teenagers approach adulthood, they become more independent and perhaps even rebellious. Reluctance to consult with parents or physician about any health concerns is increased and the adolescent's "I-can-take-care-of-myself" mindset prevails. Additionally, teenagers become sensitive and self-conscious about their appearance, and a visit to the family physician may cause embarrassment. A 15-year old girl who loved her male pediatrician when she was 6 years old is now uncomfortable at the thought of him seeing her naked. On the other hand, the physician may be feeling some discomfort and uncertainty as well. Babies' and children's health care needs usually focus on prevention of common childhood diseases through immunization, and examination to assess proper growth and development. Once these children become adolescents, they have a whole new set of health care needs to be met, and many physicians may not feel that they can adequately provide for their 'new' patients. They are not prepared to handle teenagers who are inquisitive about sex, who are having drug problems, alcohol problems, and identity crises. Lastly, the aim of the medical field is to cure, and because of this the adolescent population is bypassed for the older population. The leading causes of death in the U.S. are predominantly chronic diseases. The processes of heart disease, cancer, obesity, diabetes, and many other chronic diseases begin in childhood. Therefore the need for preventive health care during adolescence is critical. Most medical services in the community provide for treatment of problems which have already occurred rather than prevention of those problems.

While a greater awareness of the health care needs of adolescents is

necessary before improvements can be made in availability of services and trained personnel, health education and treatment programs do exist which cater specifically to adolescents. In varying degrees of sophistication, most schools offer some type of health service which includes not only a nurse's care but also serves as a resource for health information. Health curricula have been designed and implemented in schools within the last twenty-five years that teach students about alcohol, tobacco, stress and mental health, cardiovascular disease, cancer, physical fitness, nutrition, human sexuality and family planning, and various other pertinent health topics. In the community setting, a recent development in many hospitals nationwide has been the addition of adolescent units in order to provide full health services to teenagers. Provided at these units are vocational guidance, counseling, rehabilitation, and individual attention under the supervision of a primary physician.[16] An indication of an increased awareness and interest in adolescent health care was the formation of the Society for Adolescent Medicine. This organization was formed "for the purpose of improving the quality of medical care given to adolescents, stimulating research, and improving communication among all health personnel engaged in the care of adolescents."[17] Interested persons are encouraged to write to the Society at P.O. Box 3462, Granada Hills California, 91344.

Conclusion

Just as the infants and elderly have special health care needs based on their stages in the life cycle, so do the adolescents have particular needs. Some of those needs are simply a result of the bodily changes that define adolescence; others are true medical conditions which are most commonly found in this age group. Adolescent health promotion has begun and is gaining

greater attention in schools, hospitals, and private practice. Maintenance of current efforts and adoption of additional ones will provide for healthier and happier teenagers.

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